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AUTHOR Sengstock, Mary C.; And Others
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ABSTRACT

Measures designed to detect elder abuse lack uniformity as a result of having been designed in isolation. To develop and test a uniform index for the identification of elder abuse victims, an analysis of existing abuse identification instruments was conducted. Initially, seven elder abuse identification measures were content analyzed, resulting in the categorization of seven types of abuse: physical abuse, physical neglect, psychological abuse, psychological neglect, material abuse, violations of rights, and risk indicators. The majority of items collected were risk indicators, suggesting that the measures do not detect the presence of actual abuse but rather the individual's vulnerability to that abuse. Physical neglect was the second highest item on the indices (16 percent). To expand the range of possible measures for the five remaining types of abuse, 12 child abuse identification measures were content analyzed and categorized according to the seven classes of abuse. Finally, all items in each of the seven abuse categories on all abuse identification measures were qualitatively analyzed for specific types of items and the nature of the data source. Conclusions and recommendations from the analysis revealed that measures of elder abuse need to distinguish types of abuse and to develop greater specificity in techniques for identifying abuse. Clarification of sources of information a service provider should seek, and a more efficient means for collecting data are needed. Finally, methods for distinguishing abuse from the aging process must be developed. (BL)

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FOR IDENTIFICATION OF ELDER ABUSE

BY

Mary C. Sengstock
Melanie Hwalek
Sara Barrett
Institute of Gerontology
Wayne State University
Detroit, MI. 48202

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As greater interest and concern has centered upon the problem of domestic abuse, one area which has received increasing attention is the problem of identification of victims. While some have suggested that the identification of abuse victims is not a problem (Faulkner, 1982), most authorities have noted that victims of domestic abuse are often overlooked by service providers (Lau and Kosberg, 1979; Douglass et al, 1979). Consequently, many victims of family abuse must endure their plight alone and in silence, since their difficulties are often known only to themselves and to those responsible for the abuse.

In recognition of this problem, those who attempt to provide services to family abuse victims have also attempted to develop means by which the victims requiring such services may be identified. This has been the case with child abuse for some time. A number of indices have been developed delineating symptoms which can be used by professionals in schools, hospitals, and social agencies to

identify those children who appear to be victims of child abuse. In recent years, agencies working with the elderly have also begun to develop techniques for the identification of elderly persons who may be victims of abuse by their families or other caretakers.

Unfortunately, many indices for the identification of abuse have been developed in isolation, with each agency delineating those characteristics or symptoms which are most easily observed in its own setting and with its particular type of client. There is, therefore, a lack of uniformity among the indices, and difficulties encountered and corrected with one measure rarely have an effect on other measures of the same type.

This paper originated with a project to develop and test an index for the identification of elder abuse victims. The project, funded by the Administration on Aging, began by obtaining copies of as many elder abuse identification measures as could be located in both published and unpublished sources. Seven such measures were located; their sources may be found in the list (labeled "E") in the list of References. The staff of the project then proceeded to conduct a content analysis of the items included in the indices. This paper presents the results of that analysis.

Method of Analysis

A number of steps followed the location of the elder abuse indices. These steps included the following:

- 1) Each item was examined to assure that it was a unitary item (i.e., that it did not include more than one symptom or type of behavior within a single item).
- 2) Any items which were not unitary were divided into separate items. For example, an item which stated: "Caretaker yells at or berates elder," was divided into two items: "Caretaker yells at elder," and "Caretaker berates elder."
- 3) Items were then examined qualitatively to determine the type of abuse to which they pertained.
- 4) When it appeared that some types of abuse were not adequately covered by the items collected from elder abuse indices presently in use, an attempt was made to remedy this lack. This was done by consulting other sources, which will be described at a later point. At all times, care was taken to insure that the original source(s) from which each item was taken were recorded.
- 5) The items were then submitted to a panel of judges who were members of the Staff of the Institute of Gerontology at Wayne State University. The judges were asked to rate the items on a number of variables, including the type of abuse which was measured, whether the item was an important indicator of abuse, was clearly worded, and so on.

- 6) Items were then divided into categories, based upon the type of abuse which the judges believed the item measured. A statistical analysis was then conducted to determine the relationship between the type of abuse which the item detected and the source(s) in which it had appeared.
- 7) Finally, the items in each type were examined qualitatively to determine the nature of the symptoms which were represented.

This paper presents the results of the statistical analysis and the qualitative inspection of the items which resulted from this process of analysis.

=DATA ANALYSIS

Types of Abuse.

The categories into which the elder abuse items were divided included those which have generally been used to describe the types of abuse to which aged persons are subject. These include the following:

- 1) Physical Abuse includes direct physical assaults (slaps, punches, beatings, etc.), as well as threats in which a weapon is involved.
- 2) Physical Neglect involves the failure to provide an aged and dependent individual with the necessities of life, such as food, shelter, and clothing.
- 3) Psychological Abuse includes verbal assault (yelling, insults, demeaning or berating), as well

as threats which induce fear but do not involve the use of a weapon.

- 4) Psychological Neglect includes isolation, lack of attention, deprivation of companionship.
- 5) Material Abuse includes the theft or misuse of an elderly individual's money or property.
- 6) Violation of Rights includes denying the elderly person the individual rights to which he/she is entitled. Examples would be forcing him/her to move, prohibiting him/her from marrying, etc.
- 7) Risk Indicators are items which do not detect actual abuse, but which suggest that an individual might be at high risk of being abused. For example, studies have found that families with unemployment, illness, or other types of problems are more prone to domestic abuse. Hence the presence of such factors in the family might be said to indicate a "high risk" of abuse.

Table 1 summarizes the types of items which were obtained from the elder abuse indices. As can be seen from the table, more than half of the items collected from elder abuse indices were found to be what we have termed "risk indicators," with 57.6% of the items falling into this category. Thus it appears that the measures of elder abuse, do not detect the presence of actual abuse. Rather they suggest the likelihood that a given individual is at risk of being a victim of abuse. In order to determine whether

abuse has, in fact, occurred, it might be necessary to do further investigation.

Analysis further indicates that the items which directly detect abuse generally are limited to only a few types. Thus the second largest category of items included those measuring Physical Neglect, with 101 items, or 16%. Closely following were the items measuring Physical Abuse (90 items, or 14.3%). All other types of items were represented by only a few items each: Psychological Abuse with 27 (4.3%); Violation of Rights with 21 (3.3%); Psychological Neglect with 15 (2.4%); and Material Abuse with 13 items (2.1%).

It appears, therefore, that the largest proportion of items in elder abuse measures are designed primarily to identify elderly persons who are at risk of abuse or who have been victims of Physical Abuse and/or Neglect. They are not designed to identify victims of other types of abuse. It is possible, of course, that the items which test for these other types of abuse are so well designed that only a few such items are needed. Whether or not that is the case is an issue to which we will turn our attention at a later point.

It was believed, however, that a wider range of possible measures of these other types of abuse would be desirable. Consequently, an attempt was made to include such items by referring to sources of items other than existing measures of elder abuse. Two methods were used to

add items not adequately covered by the elder abuse measures. Most items were added by including abuse identification measures which have been developed for use in the identification of child abuse victims. Child abuse items were added on the theory that child abuse has been recognized as a problem for a longer period than has elder abuse, and identification measures for this type of abuse have, therefore, been more thoroughly tested. Consequently, we believed that some useful techniques of identification could be gained from an examination of these measures. (See listing labeled "C" in the References to this paper.)

Items which were taken from child abuse identification measures were altered slightly to make them applicable to the elderly. For example, the term, "caretaker," was generally substituted for the term, "parent." And in some instances, a single child abuse item might suggest two or more useful elder abuse items. For example, "Child is fearful of parent," might suggest: "Elder is fearful of caretaker," as well as "Elder is fearful of in-laws."

Table 1 also presents the results of the analysis of the items collected from child abuse identification measures. As can be seen from the table, the types of items gleaned from these sources unfortunately fall fall into the same categories as those which were obtained from elder abuse indices.

Again, over half (197, or 52.5%) were in the category of Risk Indicators. With child abuse measures, the second

largest category of items fell into the category of measures of Physical Abuse (107, or 28.5%). This is in contrast to the elder abuse measures, for which the second largest category measured Physical Neglect. For child abuse measures Physical Neglect items constituted only 9.3% of the total collected. However, this may be due, in part, to the selection process we followed, since items not applicable to the aged (such as those relating to school, for example) were not included.

It appears, therefore, that child abuse measures are more likely to concentrate on identifying direct Physical Abuse, while elder abuse measures also attempt to include measures of Physical Neglect. Both types of measures, however, concentrate more than half of their items in the area of Risk Indicators.

It is also obvious that the same types of items are likely to be missing in both elder and child abuse detection indices. Thus Psychological Abuse is measured by 4.5% of the items in child abuse indices, as compared with 4.3% of the items in elder abuse indices; and Psychological Neglect is measured by 3.5% of the items in child abuse indices, as compared with 2.3% of the items in elder abuse indices. In both types of indices, Material Abuse and Violation of Personal Rights are severely underrepresented. As the table indicates, Material Abuse is covered by only 2.1% of the elder abuse items and 0.3% of the child abuse items.

It is not surprising that child abuse measures would not include items of these types, since the concern for child abuse generally has centered upon the battered and/or neglected child, and also because children rarely have sizeable sums of money and/or property which can be appropriated. Furthermore, the rights of children have generally received less attention than the rights of adults. Hence it is not surprising that these issues would not be covered in child abuse identification measures.

Since it was anticipated that these areas of concern might not appear in the child abuse identification measures, an attempt was made to obtain items measuring Material Abuse and Violation of Rights from other sources. To develop items in these areas, the authors consulted publications in the field of legal rights of the elderly, as well as legal and financial experts who deal with aged persons. (See listing labeled "X" in the References.)

An analysis of the types of items obtained from these added sources appears in Column 3 of Table 1. As can be seen from the table, the addition of these sources did result in more items measuring Material Abuse (14 items, or 9.6%), and particularly Violation of Rights (97 items, or 66.4%). In addition, 29 items (19.9%) were found to be Risk Indicator items. Few items fell into the categories of Physical Abuse or Neglect, or Psychological Abuse or Neglect. This is not surprising in view of the fact that no effort was made to locate such sources, and experts

consulted were not asked to concentrate their efforts on developing such items.

Unfortunately, the pool of items for analysis still does not include a great many items which measure either Psychological Abuse or Psychological Neglect. It had not been anticipated that such items would be included in neither the elder nor the child abuse identification measures. This is particularly true of the elder abuse indices, since some authorities have suggested that psychological abuse is the most prevalent type of abuse to which the elderly are subjected (Block and Sinnott, 1979). Clearly the means of identifying such abuse has not formed a major portion of elder abuse identification measures, however. Since the absence of Psychological Abuse and Neglect items was not anticipated, no effort was made to have such items developed. In retrospect, the authors believe this to have been a mistake.

Qualitative Comparison of Elder and Child Abuse Items

In addition to observation of the overall types of abuse/neglect which are included in the various measures, it is interesting to note the specific types of items which appear in in each type of index. Another interesting comparison involves the nature of the source of data on which each type of index is based.

For these types of comparisons, a qualitative analysis of the items in the indices is needed. Consequently, we have included, in Tables 2 through 8, a series of examples

of the items included in each dimension. For abuse types which included less than 30 items for any one category of index, all of the items in that category have been listed. These included the Psychological Abuse and Psychological Neglect items, the Material Abuse items, and the Violation of Rights items for both elder and child abuse. For Physical Abuse, Physical Neglect, and Risk Indicators, however, the number of items in each type of index was too large to allow a listing of each item for a meaningful qualitative analysis. Consequently, in each of these categories, a random sample of 20 items was selected, using the sample selection procedure in the Statistical Package for the Social Sciences (SPSS).

Physical Abuse.

Analysis of the Physical Abuse items reveals a number of characteristics exhibited by the identification measures directed at both the aged abuse victim and the child abuse victim. These characteristics include:

- 1) The Presence of Multiple Items. A number of the items included in both types of index attempt to subsume more than one type of abuse of abuse indicator in a single question or observation. For example, items 340 and 342 in the elder abuse measures both require that the observer make two types of judgements, one involving the presence of physical injury of some type, the other involving the cause of the possible injury (see Table 2a).

Such multiple judgements may make the process of identifying abuse more difficult for the service provider. Similar multiple items can also be found in the child abuse indices (see, for example, items 1075 and 1076 in Table 2b).

- 2) Lack of Clarity of Items. Another problem which arises with items in both types of indices is the lack of clarity of the items. Often it is unclear how the service provider is to make the judgements or obtain the information on which the judgements are to be based. For example, items 1040 and 1042 of the child abuse measures (Table 2b) require that the worker learn that the parent/ caretaker tried to hit or beat up the child. However, there is no indication as to how the service provider is to obtain such information. If identification measures are to be of assistance to workers in identifying abuse, they should be fairly specific in suggesting the manner in which the needed information is to be obtained.

- 3) Source of Information. Both elder and child abuse identification measures focus attention on information gained from three different sources: interviews with the victim; interviews with the caretaker/parent; and observations of the victim and/or the caretaker and/or the family situation. For example, elder abuse items 439, 440, and 507

(see Table 2a) all require that the elder relate instances of possible problems. Some items in child abuse indices (EX: 280, 281--see Table 2b) imply that the caretaker is expected to give information, such as an explanation of the injuries. Not surprisingly, elder abuse measures generally require that more information be obtained from the alleged victim, who is an adult and presumably capable of providing independent data, while child abuse measures require more information from the caretaker, on the assumption that the child is too young to respond. This suggests, however, that the elder abuse measures may be of less value for the incapacitated elderly. Both sets of measures include numerous items which require observations of the victim and his/her physical symptoms, such as fractures, dislocations, bruises, burns, abrasions, etc. They may also require that observations be made of the behavior of the caretaker (EX: elder abuse item 674-- "Caretaker shakes elder"). Clearly these items require that the service provider have a broad and highly complex knowledge of each individual case.

- 4) Importance of the Case History. One fact which is clearly of overwhelming importance in the abuse identification measures is the existence of a thorough case history. Both elder and child abuse

identification measures place considerable emphasis upon the presence of certain types of factors in the victim's case history. For example, child abuse measures look for "unexplained" injuries (items 280 and 281 in Table 2b), or a pattern of "shopping around" for a different doctor every time health care is needed (item 300). Similarly, elder abuse measures look for inconsistent explanations (045), a history of similar injuries (043), or the fact that the pattern of persistent injuries suddenly disappears when the patient is hospitalized (item 997). Such items point out clearly the absolute indispensability of a thorough and detailed case history.

- 5) Distinguishing Abuse from Normal Injuries. With both children and elders, there is a problem of distinguishing injuries caused by abuse from those which result from normal activities. With children, some injuries may result from their normal playful activities; abuse measures must be able to distinguish between the two. With the aged it is even more critical, since some of the symptoms of abuse may be similar to the symptoms of normal aging. For example, hypothermia, dislocations, or pressure sores (items 557, 552, 627) may all be the result of capillary fragility, brittle bones, or circulatory problems that occur

with the aging process. Hence it is critical that elder abuse measures include techniques for distinguishing between abuse and normal aging. Unfortunately, as can be seen from an inspection of the items in Table 2a, there are few such items appearing in indices of elder abuse.

- 6) Differential Treatment of Sexual Abuse. One of the major differences between measures of elder abuse and those designed to detect child abuse is the differential manner in which the two sets of indices treat sexual abuse. An inspection of the items in Table 2b indicates that the detection of sexual abuse is a matter of some concern to those who attempt to identify child abuse. Four of the items which appear in this sample are aimed at uncovering this type of abuse, through the presence of pain, inflammation, or swelling in the genital area or the presence of torn underclothes (items 241, 858, 860, 1051). An examination of the items in elder abuse measures, however, reveals that no such concern is prevalent in the measures. None of the twenty items in the sample is directed at uncovering sexual abuse. This may suggest an underlying assumption that sexual abuse does not occur with the elderly. However, studies have suggested that this is not the case (Sengstock and Liang, 1982). And some of the expert judges who

reviewed the items commented on the sexual abuse items which were borrowed from the child abuse measures, stating that this was an area which probably should be investigated more thoroughly among the elderly. We suggest, therefore, that it would be advisable for workers to pay greater attention to the possible symptoms of sexual assault in attempts to identify elderly victims of abuse.

In summarizing the data on Physical Abuse items, it appears that both elder and child abuse identification measures are dependent upon the same general types of data. These include observations of the clinical symptoms of the alleged victim, verbal responses of the victim and of the caretaker as well. Elder abuse measures tend to depend more upon the responses of the victim than do child abuse measures, however. Both types of measures place great emphasis upon the importance of a thorough case history, and look for clues to the presence of abuse in inconsistent patterns which may appear in the history. Both types of measures suffer from lack of clarity or specificity, and both include items which include more than a single variable. Two major deficiencies in the elder abuse items analyzed were the absence of items designed to measure the presence of sexual abuse, and the lack of a method for distinguishing the symptoms of physical abuse from the

symptoms which appear as a result of the normal aging process.

Physical Neglect.

Most of the characteristics which were found to exist with Physical Abuse in the elder and child abuse indices can also be found with regard to the Physical Neglect items. Like the Physical Abuse items, there is often a lack of clarity or specificity. For example, different observers might have different definitions as to what constitutes an "unclean and unsanitary" living facility (#780 in Table 3a); at what point an elderly person could be defined as "extremely thin" (# 629); or what constitutes "overall poor care" of a child (# 739 in Table 3b). Clearly such items provide relatively little guidance to a service provider in the detection of abuse.

An additional problem which might be noted is the fact that some items were judged to be evidence of both Physical Abuse and Physical Neglect (see for example, item 14 in Tables 2a and 3a: Elder is "tied to a chair.") Other items might also be seen to bridge the thin line between direct, deliberate abusive behavior, and the more passive appearing neglect. For example, "deliberate inappropriate care" of an elderly patient (#518 in Table 3a), or leaving a child locked out of the home (#732 in Table 3b) can be life-threatening actions which may represent a deliberate intent to harm, rather than simply neglectful behavior. Yet the

measures used to detect abuse/neglect really do not distinguish adequately between these two types of behavior.

Also similar to Physical Abuse is the fact that child abuse measures usually depend more upon inquiries directed toward the caretaker/parent, while elder abuse measures tend to rely more upon responses of the elder person. This could be more of a problem for the neglected elder than the abused elder, since the neglected elder is more likely to be dependent and may be less likely to be able to respond accurately to questions.

Both sets of measures rely a great deal upon the service workers' observations of the situation (characteristics of the alleged victim's clothing, the character of the shelter, etc.) This could be problematic with both types of abuse in instances in which the worker could not observe the home situation. Hence these items seem most useful for in-home service providers. Different items probably need to be developed for the use of service providers who work at a central site to which clients come.

Probably the most critical issue for the identification of Physical Neglect is the fact that these items, like those directed toward the identification of Physical Abuse, provide little basis on which the service provider can distinguish actual neglect from symptoms which may arise as a result of the normal aging process. For example, an elder who is "extremely thin" (#629) or whose "physical appearance shows lack of personal care," (#436) may be exhibiting

symptoms of many incapacitated elderly persons who are not neglected. Those items which do attempt to distinguish deliberate neglect often rely upon the worker's individual judgement (EX: #518 and 1085). Again, there is little guidance for the service provider in these indices.

Psychological Abuse.

As noted earlier, psychological abuse is less often mentioned in the indices for both elder and child abuse than are Physical Abuse and Neglect. For this reason, the items presented here represent all of the items collected, rather than a sample, as was the case with Physical Abuse and Neglect. As can be seen from the items in Table 4a, a major problem with the items is their lack of specificity. It is often unclear what the exact meaning of the item is, or to what symptom or behavior on the part of either elder or caretaker it refers. For example, items 183 through 187 all refer to "verbal/emotional treatment" of the elder which diminishes his/her dignity or self-worth, or which intimidates or produces infantilization. Another item (#517) refers to "verbal assault." However, there is no indication of the meaning of these terms, nor actual symptoms which can be used to indicate the presence of these results. Again, there is little assistance for the service provider by way of aiding in the identification process. Hence it appears that measures of Psychological Abuse require a more clear delineation of the symptoms of this problem.

Another lack of clarity in the items is the source of information on which the judgement is to be based. For example, several items refer to the presence of threats of various kinds (items 335 through 337, 517, 683, 693). It is not clear, however, where or in what manner the service provider is to obtain knowledge of the existence of such threats: from the elder or the caretaker? Must the worker observe the threatening actions directly? Again, there is little guidance given to service providers as to the kind of evidence/symptoms for which they should be alert. Such lack of clarity allows a great deal of room for discretion and leaves open the possibility that different observers will come to alternative conclusions regarding the presence of abuse.

One major conclusion which can be drawn from an analysis of the Psychological Abuse items is the fact that these items require that the service provider have a rather thorough knowledge of the elder and his/her family situation, and perhaps also the opportunity to observe both elder and caretaker rather extensively. Items 1013, 1014, 1023, and 1024, for example, require that the service provider have the opportunity to observe the elder and caretaker interacting with each other over a long enough period to be able to reach a conclusion that verbalizations are harsh or absent, or that the caretaker impinges on the aged person's personal space. Such items are of little value to service providers whose contact with a client are

limited in duration, or who do not see the client and caretaker together.

The only clear source of information mentioned in the items is the report of the elder him/herself (items 38, 511, 512). Again it appears that the report of the abused is the major source of data concerning the existence of the abuse. Yet many researchers have suggested that this is largely an unsatisfactory source of data, since many abuse victims are reluctant to report the abuse for a variety of reasons (Lau and Kosberg, 1979; Douglass et al, 1979).

Turning to the child abuse identification measures for possible solutions to these difficulties yields little new ideas. The child abuse items denoting Psychological Abuse are equally vague (see Table 4b). Perhaps the major difference between the two types of measures is a distinction which we have mentioned previously. This is the greater degree of reliance upon information provided by the caretaker/parent, as well as worker observations of the parent. Again, it is understandable that child abuse measures would rely more upon such data than on reports of the child, since children may be too young to provide the data directly. However, such items may be less useful for adults, since the caretaker is less likely to be available for questioning and/or observation when the patient is an elderly adult than when the patient is a minor child.

Psychological Neglect.

The same lack of guidance as to the type or source of symptom which exists with Psychological Abuse also can be found with Psychological Neglect. As Table 5a shows, a number of items (EX: 88, 89, 333) require judgements of the worker as to whether the elder is isolated or unattended for "long periods," with no clear indication of what constitutes a "long period." Again, this leaves open the possibility that different service providers will come to different conclusions as to the presence or absence of Psychological Neglect.

It is also clear that a number of items (89, 485, 486, for example) require rather extensive observation of the caretaker/elder interaction, an observation which is likely to be possible only in the rare case. Finally, the same problem noted earlier of differentiating abuse from normal aging reappears here. Some items (4, 57, 498, 540) refer to the absence of social contacts which the elder may have. However, as people grow older, their circle of friends decreases naturally as old friends die, and both parties to the friendship become incapacitated and unable to get together. Hence elderly people may be lacking in social ties through no neglectful action on the part of others. These measures provide little clue as the means by which to make this distinction. Again, comparisons with the child abuse measures yields few suggestions. Most of the child abuse items require rather intensive observation of the child/caretaker relationship, a type of observation

which one is unlikely to be able to replicate with an elderly client.

One type of symptom which appears with both elder and child measures provides the greatest promise in identifying Psychological Neglect and/or Abuse. Several items in both types of measures refer to the observation of depression and/or a withdrawn demeanor on the part of the suspected victim. This appears to have some promise as a means of identifying Psychological Abuse and/or Neglect, since the presence of such symptoms would appear to suggest with some degree of certainty that the withdrawn or depressed individual was indeed the victim of Psychological Abuse and/or Neglect. While it may not indicate whether the abuse or neglect was deliberate or unintentional, it would point to the existence of a psychological problem which should be brought to the caretaker's attention for possible solution. What are needed are more clearly defined symptoms of such withdrawal or depression, such that service providers from fields other than psychotherapy, and with limited client contact can make an accurate diagnosis.

Material Abuse.

For obvious reasons, Material Abuse is a topic which appears almost exclusively with the elderly, only one item appearing in the child abuse measures. Even with the elderly abuse indices, however, the items contain few clear definitions of the symptoms of Material Abuse to be sought, or the source from which clues as to the presence of such

abuse may be gained. Again, the chief source of information is the elderly victim's report of having lost money or valuables (items 528, 529 in Table 6a). It is the rare victim who is willing to make this admission.

In several items it is unclear as to how the service provider is to obtain the information concerning the presence of the symptom (#531, 611, 612). It is suggested that some clues as to the identification of possible Material Abuse might be obtained from persons who work closely with the financial affairs of elderly person. An attempt was made to collect such items from the sources listed in section "X" of the References.

Violation of Rights.

Violation of Personal Rights items were only slightly more represented in the child abuse measures than were Material Abuse items. Hence here again we have only the elder abuse measures to review. Perhaps the most striking observation which can be made with regard to this area was the fact that the expert judges consulted obviously had considerable difficulty distinguishing between Material Abuse and Violation of Rights items.

Several of the Violation of Rights items refer to the taking or misuse of the victim's property, issues which could well have been defined as Material Abuse (see items 3, 61, 66, 308, 680 through 682 in Table 7a). If these judges have difficulty distinguishing between the two types of abuse and the symptoms of each, it is also likely that other

service providers, particularly those not familiar with the financial/legal area, would also have similar difficulties.

Again, as with several of the other types of abuse, the manner of obtaining information about possible violations of the elder's rights is not very clear. Where a means of obtaining this information is suggested, it is usually through extensive observation of the caretaker, a situation which we have suggested is unlikely to occur. A few items on the Violation of Rights lists appear to be more in the category of "Risk Indicators" than measures of actual Violation of Rights (EX: 916 in Table 7a, and 731 in Table 7b).

Risk Indicators.

We turn now to an analysis of the type of items we have termed "Risk Indicators." The reader will recall that these are characteristics of the elder, the caretaker, or the family situation which suggest that this individual is likely to be at greater risk of becoming a victim of abuse/neglect than are other persons not so situated. Tables 8a and 8b list items which were classified as Risk Indicators by the judges. This was by far the largest category of items reviewed (totalling 553 items). Hence in these tables we have listed only a sample of the items collected.

A quick review of the items from both elder and child abuse sources reveals that both sets of items rely heavily on an analysis of the family situation, including reports of

a large number of problems or of frequent changes in the families of elders or children thought to be at risk of abuse/neglect. (See, for example, # 96 and 899 in Table 8a; 299 and 497 in Table 8b).

Both sets of items also suggest that careful attention be paid to the characteristics of the suspected victim and the caretaker. Elder abuse indices suggest that observations of the caretaker center around his/her personality characteristics and behavior. For example, an elder is thought to be at risk if the caretaker is "suspicious" (#17), has recently experienced a change in mental health (#92), or "divides all people into good/bad categories" (#1020).

The same type of personality/mental health concerns appear in the child abuse risk indicators (see, for example, items 376 and 377 in Table 8b). However, it should also be noted that the child abuse measures also include recognition of the difficulties of childrearing and appear sympathetic to the needs of a parent to "get away from the demands of the child even for a little while" (item 86). The child abuse measures also include a recognition of the fact that the caretaker's childhood may affect his/her ability to be an effective caretaker in later life (items 729 and 814). No such sympathetic attitude toward the caretaker of an elderly person appears in the elder abuse risk indicators.

A similar contrast between elder and child abuse measures appears when we observe the types of items which

service providers are cautioned to observe with regard to the elder/child victim. In the child abuse indices, the emphasis is upon disturbed or depressed symptoms observed in the child, such as the child being "overly depressed" (#934), the child acting out sexually (#325), or having poor emotional control (#706). On the other hand, the symptoms of risk for an elderly person were more likely to refer to unpleasant or obnoxious traits on the part of the elder, such as mental impairment (#550), incontinence (761, 889), whining (886), or the inability or refusal to be self-sufficient (62,616).

Hence the picture which emerges from the Risk Indicator items in the child abuse measures is an image of a well-meaning parent who is overwhelmed by the natural pressures of child care, and a child who is depressed and disturbed by the problems in the home and the treatment which he/she must endure. In contrast, the picture of elder abuse which emerges from the Risk Indicators in these measures suggests a greater degree of censure directed against both victim and caretaker. The victim is seen as a difficult patient, whining, dependent, incontinent; and the caretaker as rigid, authoritarian, and suspicious.

With these implicit assumptions, it is likely that child abuse problems would elicit attempts to alleviate the difficulties in order to halt the abuse, while elder abuse would be dealt with more harshly. Elder abuse indices appear more prone to assume victim precipitation on the part

of the elder, and at the same time, to attribute ill will to the caretaker. These apparently condemning attitudes must be altered if abused elders and their families are to be assisted.

Conclusions.

An overall view of the elder abuse measures as a whole suggests six major conclusions:

- 1) Some types of abuse are either missing or only superficially covered by the items presently in use as indicators of elder abuse. Among the types which need further means of identification are Psychological Abuse and Neglect, Material Abuse, Violation of Rights, and Sexual Abuse.
- 2) Indices of elder abuse contain numerous items which are complex and poorly specified. Greater attention to the delineation of clear means of distinguishing one type of abuse from another is needed.
- 3) Elder abuse indices generally are less specific in their techniques of identifying abuse than are child abuse items. For example, elder abuse items often specify simply "bruising," while child abuse items are likely to specify the location and types of bruises or fractures more clearly. Elder abuse indices could draw upon child abuse measures for greater specificity in items of this sort.

- 4) The sources consulted for data on possible abuse/neglect are the victim interview, the caretaker interview, and direct observations of the victim and caretaker. Unfortunately, identification measures do not always make it clear what source of information a service provider should seek. More clarity is needed in this regard. Elder abuse measures tend to rely upon victim reports more than either caretaker reports or direct observation. This is in contrast to child abuse measures, which rely more upon observation and caretaker reports. Since caretaker responses and direct observations are often difficult to obtain, it is easy to see why there is reliance upon victim reports. However, this makes it very difficult for an incapacitated or fearful elder to obtain help. Greater attention should be given to the development of techniques for the identification of elder abuse where physical or mental disability or fear prevents the elder from reporting his/her plight.
- 5) Both child and elder abuse indices place a great deal of emphasis upon the importance of a thorough case history. A great deal of information regarding the possibility of abuse/neglect is obtained through noting inconsistencies in the case history of the victim. Better techniques for

obtaining key information quickly and detecting inconsistent elements would be of great assistance to busy service providers in identifying abuse/neglect victims at an early stage.

- 6) A critical problem for identifying elder abuse, which does not exist with child abuse, is the difficulty of distinguishing the symptoms of abuse and neglect from the symptoms of the normal aging process. Until accurate techniques for making such judgements have been developed, many service providers will be reluctant to identify possible elder abuse victims for fear of falsely accusing a well-intentioned caretaker. Such techniques are critical, therefore, to any program for identifying and serving the needs of abused and/or neglected elders.

TABLE 1
FREQUENCY OF INCLUSION OF ITEMS
IN INDICES OF ABUSE AND NEGLECT
BY ITEM TYPE AND SOURCE TYPE

Item Type	Type of Source		
	Elder Abuse Indices	Child Abuse Indices	Added Items
Physical Abuse N=186	90 (14.3%)	107 (28.5%)	1 (6.8%)
Physical Neglect N=134	101 (16.0%)	35 (9.3%)	0
Psychological Abuse N=50	27 (4.3%)	17 (4.5%)	5 (3.4%)
Psychological Neglect N=24	15 (2.4%)	13 (3.5%)	0
Material Abuse N=30	13 (2.1%)	1 (0.3%)	14 (9.6%)
Violation of Rights N=123	21 (3.3%)	5 (1.3%)	97 (66.7%)
Risk Indicators N=553	363 (57.6%)	197 (52.5%)	29 (19.9%)
Total Items N=1151	630	375	146

TABLE 2a

SAMPLE OF 20
PHYSICAL ABUSE ITEMS
TAKEN FROM
ELDER ABUSE INDICES

- 0014 Tied to chair. (E-1,4,6)
- 0043 Elder has history of previous similar episodes.
(E-4)
- 0045 Inconsistent explanations of injuries. (E-4)
- 0340 Shoving resulting in injuries or discomfort. (E-7)
- 0342 Injuries resulting from avoidance of needs for as-
sistance. (E-7)
- 0343 Deliberate over-medication (pills or alcohol). (E-7)
- 0439 Denial of any problem with relations with care
providers. (E-7)
- 0440 Fearful elder may ask what will happen next. (E-7)
- 0465 Abrasions (outer layers of skin worn away and/or
scraped). (E-1,6;C-9)
- 0507 Elder can relate instances of being left tied to a
chair. (E-5)
- 0552 Dislocations. (E-1,6)
- 0554 Evidence of freezing. (E-1)
- 0555 Scalding. (E-1,6)
- 0557 Hypothermia. (E-6)
- 0627 Elder has pressure sores - untreated. (E-2)
- 0674 Caretaker shakes elder. (E-4)
- 0689 Elder is not receiving medication. (E-4)
- 0702 Bruises bilaterally on upper arms as from holding and
shaking. (E-4)
- 0989 Presence of bruises after changing health care
provider. (E-4)
- 0997 No new lesions during patient's hospitalization.
(E-4)

TABLE 2b
SAMPLE OF 20 PHYSICAL ABUSE ITEMS
TAKEN FROM
CHILD ABUSE INDICES

- 0049 (Child) has several injuries occurring at one time.
(C-9)
- 0241 Pain in genital area. (C-5)
- 0280 Unexplained bruises. (C-5)
- 0281 Unexplained welts. (C-5)
- 0300 Caretaker takes the (child) to different hospital
each time. (C-9)
- 0465 Abrasions (outer layers of skin. (C-9;E-1,6)
- 0624 Bites on (child). (C-6,9;E-2)
- 0735 (Child)'s injuries are inappropriately treated.
(C-9)
- 0858 Positive tests for gonococcus. (C-12)
- 0860 (Child) has torn underclothes. (C-12)
- 0872 Peritonitis, which can be caused by hitting or kick-
ing. (C-9)
- 1040 Caretaker tried to hit (child) with a fist. (C-9)
- 1042 Caretaker beat up the (child). (C-9)
- 1051 Swollen or red cervix. (C-12)
- 1053 (Child) has bruises occurring in clusters. (C-9)
- 1061 (Child) has lacerations on lips. (C-6,9)
- 1062 (Child) has abrasions on eyes. (C-9)
- 1064 (Child) has abrasions of gum tissue. (C-9)
- 1075 Hemorrhaging beneath scalp, caused by pulling hair.
(C-9)
- 1076 Subdural hematomas, caused by hitting or shaking.
(C-9)

TABLE 3a

SAMPLE OF 20
PHYSICAL NEGLECT ITEMS
TAKEN FROM
ELDER ABUSE INDICES

- 0014 Tied to chair. (E-1,4,6)
- 0034 Elder's clothes extremely dirty and uncared for.
(E-2)
- 0035 Elder is wearing every piece of clothing he/she owns.
(E-2)
- 0436 Physical appearance shows lack of personal care.
(E-7)
- 0509 Elder can relate instances of not being fed. (E-5)
- 0518 Deliberate inappropriate care of patient. (E-5)
- 0519 Lack of food in house. (E-1,3,5,6)
- 0526 Elder has no false teeth when needed. (E-1,6)
- 0592 Lack of comfortable temperature for the client.
(E-2)
- 0601 Fuel is dangerously stored. (E-2)
- 0603 Contaminated water. (E-2)
- 0621 Decayed teeth. (E-2)
- 0629 Elder is extremely thin. (E-2)
- 0642 Rotted food. (E-2)
- 0684 Caretaker withholds necessary support. (E-4)
- 0780 Living facility is unclean and unsanitary. (E-2)
- 0784 Home is in isolated rural area. (E-2)
- 0939 Elder's clothes much too small. (E-2)
- 0993 Malnutrition without illness-related cause. (E-4)
- 1085 Deliberate denial of health-related services. (E-6)

TABLE 3b

SAMPLE OF 20
PHYSICAL NEGLECT ITEMS
TAKEN FROM
CHILD ABUSE INDICES

- 0247 (Child) begging for food. (C-5)
- 0248 (Child) stealing food. (C-5)
- 0249 (Child) states there is no caretaker. (C-5)
- 0286 Consistent hunger. (C-5)
- 0309 Disregard of avoidable hazards in home. (C-12)
- 0328 (Child) has anorexia (prolonged loss of appetite).
(C-2)
- 0331 Refusal of caretaking role. (C-12)
- 0332 Refusal to allow/provide care for diagnosed health
condition. (C-12)
- 0479 Caretaker refuses to consent to diagnostic studies
for the (child). (C-9)
- 0487 Caretaker keeps the (child) confined for very long
periods of time. (C-9)
- 0709 Lack of adequate clothing for the weather. (C-9)
- 0710 Lack of necessary dental care. (C-9)
- 0712 Lack of safe, warm, sanitary shelter. (C-9)
- 0717 Apathetic caretaker. (C-9)
- 0732 Caretaker leaves (child) locked out of the home to
fend for him/herself. (C-9)
- 0737 (Child) appears to be undernourished. (C-9)
- 0738 (Child) dressed inappropriately for weather condi-
tions. (C-9)
- 0739 (Child) shows evidence of overall poor care. (C-9)
- 1011 (Child) has inappropriate medication. (C-9;E-3)
- 1073 Stiff joints. (C-9)

TABLE 4a
PSYCHOLOGICAL ABUSE ITEMS
TAKEN FROM
ELDER ABUSE INDICES

0038	Elder expresses fear of caregiver. (E-4)
0182	Verbal/emotional humiliation of elder. (E-7)
0183	Verbal/emotional infantilization. (E-7)
0184	Verbal/emotional treatment of elder which diminishes identity. (E-7)
0185	Verbal/emotional treatment of elder which diminishes dignity. (E-7)
0186	Verbal/emotional treatment of elder which diminishes self-worth. (E-7)
0187	Verbal/emotional intimidation of elder. (E-6,7)
0334	Elder removed from active participation in his/her own life. (E-7)
0335	Threats of withholding assistance. (E-7)
0336	Threats of abandonment. (E-7)
0337	Threats of institutionalization. (E-7)
0510	Elder can relate instances of being threatened. (E-1,5,6)
0511	Elder can relate instances of feeling fear of family member or in-laws. (E-5)
0512	Elder can relate instances of feeling fear of caretaker. (E-1,5)
0517	Verbal assault by caretaker. (E-6)
0525	Elder forced into nursing home. (E-1,6)
0534	Fear shown by patient toward caretaker. (E-4,5)
0676	Caretaker leaves elder alone. (E-4)
0683	Caretaker threatens elder. (E-4)
0693	Elder feels threatened. (E-4)
1012	Elderly person has inadequate medication. (E-3)
1013	Caretaker's verbalizations to the elderly person are harsh. (E-3)
1014	Caretaker's verbalizations to the elderly person are absent. (E-3)
1023	Caretaker grabs the elderly person without warning. (E-3)
1024	Caretaker impinges on personal space of elder. (E-3)
1079	The infliction of mental anguish by caretaker. (E-6)
1080	Elder called names. (E-6)

TABLE 4b
PSYCHOLOGICAL ABUSE ITEMS
TAKEN FROM
CHILD ABUSE INDICES

- 0081 Caretaker states that he/she may ignore difficulties the (child) creates for awhile, then caretaker is apt to loose his/her temper and say something that is later regretted. (C-3)
- 0082 Caretaker states that he/she may severely punish the person. (C-3)
- 0083 Caretaker states that the person has to push pretty far before caretaker will really punish him/her. (C-3)
- 0084 Caretaker states that he/she may tolerate misbehavior up to a point, then is likely to punish him/her more severely than intended. (C-3)
- 0085 Caretaker states that the person gets him/her to the point that caretaker feels there is no other alternative than to severely punish him (her). (C-3)
- 0330 Verbal/emotional assault. (C-12)
- 0651 Caretaker is overdemanding of (child). (C-5,10)
- 0837 Caretaker insults or swears at the (child). (C-9)
- 0841 (Child) cries a great deal. (C-9)
- 0842 Caretaker did something to spite the (child). (C-9)
- 0843 Caretaker said something to spite the (child). (C-9)
- 0844 Caretaker threatened to hit the (child). (C-9)
- 0845 Caretaker threatened to throw something at the (child). (C-9)
- 1042 Caretaker beat up the (child). (C-9)
- 1043 (Child) was threatened with a knife. (C-9)
- 1044 (Child) was threatened with a gun. (C-9)
- 1078 (Child) physically restrained. (C-9)

TABLE 5a

PSYCHOLOGICAL NEGLECT ITEMS
TAKEN FROM
ELDER ABUSE INDICES

0004 Lack of support/companionship. (E-6)

0057 Social relationships are non-existent in elder.
(E-2)

0088 Physical isolation. (E-6)

0089 The abused/neglected elder and perpetrator have long
periods of noncommunication. (E-6)

0333 Elder is left unattended for extended periods of
time. (E-7)

0466 Elder is left with inadequate supervision.
(E-1,3,6,9)

0485 Caretaker seldom touches the elder. (E-4,9;C-1)

0486 Caretaker seldom looks at the elder. (E-4;C-1,9)

0498 Elder's contact with persons outside the family is
limited. (E-4,5)

0523 Caretaker fails to fulfill caretaking obligations.
(E-6)

0540 Lack of support systems for the caretaker. (E-5)

0569 Elder is withdrawn. (E-2,7;C-2,9)

0571 Elder is depressed. (E-2)

0574 Elder's lack of trust in others. (E-2)

0614 No friends. (E-2,7)

TABLE 5b

PSYCHOLOGICAL NEGLECT ITEMS
TAKEN FROM
CHILD ABUSE INDICES

- 0080 Caretaker states that when the person misbehaves,
caretaker may simply ignore him/her. (C-3)
- 0290 Caretaker leaves (child) in noisy room. (C-1)
- 0291 Caretaker ignores (child). (C-1)
- 0295 (Child) feels rejection by his/her own caretaker.
(C-1)
- 0296 (Child) feels rejection by his/her other relatives.
(C-1)
- 0434 (Child) has no opportunity for extrafamilial experien-
ces. (C-4)
- 0466 (Child) is left with inadequate supervision.
(C-9;E-1,3,6)
- 0485 Caretaker seldom touches the (child). (C-1,9;E-4)
- 0486 Caretaker seldom looks at the (child). (C-1,9;E-4)
- 0487 Caretaker keeps the (child) confined for very long
periods of time. (C-9)
- 0569 (Child) is withdrawn. (C-2,9;E-2,7)
- 0932 Lack of love from caretaker. (C-4)
- 0944 Lack of stimulation (emotional/cognitive) such as
talking to the (child), feeling, touching from
caretaker. (C-4)

TABLE 6a

MATERIAL ABUSE ITEMS
TAKEN FROM
ELDER ABUSE INDICES

0177	Grossly overcharged for residence. (E-7)
0179	Grossly overcharged for small services and/or items. (E-7)
0180	Sold house and/or furnishings without permission and withheld funds from sale. (E-7)
0235	Theft of funds. (E-7)
0236	Possession of funds. (E-7)
0301	Trickery, fraud, misappropriated/misused funds. (E-7)
0528	Elder can relate instances of having money taken. (E-4,5)
0529	Elder can relate instances of having property taken. (E-5,6)
0531	Elder's property inappropriately used. (E-6)
0610	Out of money by second week in month. (E-2)
0611	Signs check over to others. (E-2)
0612	Income does not meet monthly expenditures. (E-2)
1083	Use of funds or other resources. (E-7;C-9)

TABLE 6b

MATERIAL ABUSE ITEM
TAKEN FROM
CHILD ABUSE INDICES

1083	Use of funds or other resources. (A-9;E-7)
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TABLE 7a

VIOLATION OF PERSONAL RIGHTS ITEMS
TAKEN FROM
ELDER ABUSE INDICES

- 0002 Physical confinement against will. (E-6)
- 0003 Misuse of elder's money. (E-6)
- 0061 Elder's income is being exploited by others. (E-2)
- 0066 All funds have been stolen from elder by friends and/or relatives. (E-2)
- 0178 Taking pension/social insurance checks or other funds through threats or force. (E-7)
- 0233 Cashing pension/social insurance checks of elder and withholding the means for daily living necessities. (E-7)
- 0234 Trickery, fraud, misappropriated/misused property of elder. (E-7)
- 0308 Caretaker misuses victim's money. (E-1,4,5,6)
- 0334 Elder removed from active participation in his/her own life. (E-7)
- 0349 Family member or friend refuses to let the elder return from nursing home when nursing care is no longer needed. (E-7)
- 0522 Taking possession of money. (E-6)
- 0524 Elder forced from home. (E-1)
- 0525 Elder forced into nursing home. (E-1,6)
- 0680 Caretaker takes victim's money. (E-1,4,5)
- 0681 Caretaker misuses property. (E-4)
- 0682 Caretaker takes victim's property. (E-1,4)
- 0688 Elder had property taken. (E-1,4)
- 0916 Caretakers are new parents without family supports. (E-7)
- 1024 Caretaker impinges on personal space of elder. (E-3)
- 1025 Caretaker does not allow privacy of elder. (E-3)
- 1061 Elder treated as a child. (E-6)

TABLE 7b

VIOLATION OF PERSONAL RIGHTS ITEMS
TAKEN FROM
CHILD ABUSE INDICES

- 0360 (Child) put under a guardianship/conservatorship,
where not needed, to take financial advantage of the
(child). (C-10)
- 0398 (Child) does not share in decision making. (C-8)
- 0731 The caretaker was abused or neglected, grew up with
harsh punishment. (C-9)
- 1082 Illegal or improper exploitation of (child). (C-9)
- 1093 (Child) seems afraid of family. (C-9)

TABLE 8a
SAMPLE OF 20
RISK INDICATOR ITEMS
TAKEN FROM
ELDER ABUSE INDICES

0017	Caretaker is suspicious. (E-2)
0024	Elder's refusal to open door. (E-2)
0031	Elder forgets to eat. (E-2)
0062	Elder fails to do anything to gain further income. (E-2)
0092	Changes in the mental health of the abuser which may have precipitated the abuse/neglect. (E-6)
0096	Changes in living arrangements. (E-6)
0159	High mobility in household. (E-4;C-11)
0169	Resignation of elder, acceptance of abuse as part of their life with no recourse. (E-7)
0550	Evidence of mental impairment of elder. (E-1)
0578	Elder wants to have nothing to do with "welfare." (E-2)
0616	Not physically able to get out and shop, pay bills, etc. (E-2)
0761	Elder is incontinent. (E-2)
0886	Whining by elderly. (E-6)
0889	Incontinence of elderly. (E-6)
0893	Caretaker may delay in seeking help. (E-7)
0899	Known to have contact with health and/or social serv- ice programs. (E-7)
0987	Low self esteem of the abused/neglected. (E-6)
0998	Family does not visit. (E-2,4)
1020	Caretaker divides all people into good/bad categories. (E-3)
1037	Social relationships of elder are unsatisfactory. (E-2)

TABLE 8b

SAMPLE OF 20
RISK INDICATOR ITEMS
TAKEN FROM CHILD ABUSE INDICES

- 0086 Caretaker states that there is no way for him/her to get away from the demands of the (child) even for a little while. (C-3)
- 0196 Caretaker's desire to be rid of the demands of the (child). (C-9)
- 0205 The caretaker reveals inappropriate awareness of he seriousness of the (child's) condition. (C-9)
- 0293 Caretaker has loss or threatened loss of love object. (C-1)
- 0299 Serious illness in household. (C-1)
- 0325 (Child) acts out sexually. (C-2)
- 0346 Social relationships of (child) are poor quality. (C-9;E-2;X-4)
- 0376 Caretaker has mental illness record.
- 0377 Caretaker suspected of abuse in the past. (C-6)
- 0482 Caretaker has unrealistic expectations of the (child). (C-6,9,11; E-4,5)
- 0490 Caretaker appears to lack control. (C-3,9;E-4)
- 0497 Drug abuse by family members. (C-9;E-5)
- 0706 Poor emotional control of (child). (C-9)
- 0727 The caretaker seems to have o one to call upon when the stresses overwhelm him/her. (C-9)
- 0729 The caretaker does not talk about his/her childhood. (C-9)
- 0814 Caretaker feels no one ever really listened to him/her. (C-3)
- 0846 Caretaker threw something. (C-9)
- 0934 (Child) is overly depressed. (C-9;E-2)
- 0947 Lack of permanence in household. (C-4)
- 0973 Caretaker stares fixedly into (child's) eyes. (C-1)

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